

Health Care Claim Acknowledgement (277CA)

ASC X12N 277 (005010X214)

NE Medicaid 5010 Companion Guide

Department of Health & Human Services

DHHS

N E B R A S K A

DIVISION OF MEDICAID AND LONG-TERM CARE

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Nebraska Medicaid Companion Guide Version 3.00

Preface

This Companion Guide to the ASC X12 Standards for Electronic Data Interchange Technical Report Type 3 adopted under HIPAA clarifies and specifies the data content when data is transmitted electronically to or from Nebraska Medicaid (NE Medicaid). Transmissions based on this Companion Guide, used in tandem with the X12N TR3, are compliant with both X12N syntax and those guides.

This Companion Guide is intended to convey information that is within the framework of the ASC X12N TR3 adopted for use under HIPAA. The Companion Guide is not intended to convey information that in any way exceeds the requirements or usage of data expressed in the TR3.

All claims must be submitted in accordance with the regulations contained within the Nebraska Administrative Code (NAC) Title 471, Nebraska Medical Assistance Program and Title 482, Nebraska Managed Care Program.

Introduction

This Companion Guide contains the format and establishes the data contents of the **Health Care Claim Acknowledgment (277CA)** transaction for use within the context of an Electronic Data Interchange (EDI) environment.

Express permission to use ASC X12 copyrighted materials has been granted. The ASC X12 TR3 is available at <http://store.x12.org>

This Companion Guide governs electronic acknowledgment of receipt of claim submissions on an ASC X12N 277 (005010X214).

Note: Only segments used by NE Medicaid are included in this Companion Guide.

Data usage requirements for Nebraska Medicaid will be identified throughout the Companion Guide as **NE Medicaid Directives**.

Transactions containing information not ASC X12N compliant will be rejected and will not enter into the adjudication system. An ASC X12N 999 and TA1 will be used to convey the rejection and associated reason.

This Companion Guide can be found on the State of Nebraska Health and Human Services System Web site at <http://www.dhhs.ne.gov/med/medindex.htm>

Instructions on Trading Partner Enrollment and Testing requirements are also found on this Web site or by contacting the Medicaid EDI Help Desk at 1-866-498-4357 or 402-471-9461 (Lincoln Area) or via e-mail at DHHS.MedicaidEDI@Nebraska.gov.

Providers Not Eligible for NPI (Atypical)

Nebraska Medicaid defines providers ineligible for an NPI as an atypical provider, such as: MHCP (Medically Handicapped Children's Program) clinics, MIPS (Medicaid in Public Schools), Personal Care Aides, Mental Health Personal Care Aides/Community Treatment Aides, Mental Health Home Health Care Aides and Non-Emergency Transportation providers and Community Support Workers.

Revision History

For each version of this Companion Guide a summary of the information changed since the previous version will be located in this section. Actual changes will be incorporated into the new version of the Companion Guide which will be published as a complete document.

Revision 3.00

Reformat of the 277CA Companion Guide

Release Date: 09/18/2013

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Loop-Segment Element	Name / Implementation Name	Nebraska Medicaid Directive
ISA07	Interchange ID Qualifier	Based upon Trading Partner Agreement information
GS	FUNCTIONAL GROUP HEADER	
GS03	Application Receiver's Code	Based upon Trading Partner Agreement information
BHT	BEGINNING OF HIERARCHICAL TRANSACTION	
BHT03	Reference Identification	"277CAX214" will be sent.
2100A-NM1	INFORMATION SOURCE NAME	
NM103	Information Source Name	"NEMEDICAID" will be sent.
NM108	Identification Code Qualifier	Only "PI" will be sent.
NM109	Information Source Identifier	"NEMEDICAID" will be sent.
2100B-NM1	INFORMATION RECEIVER NAME	
NM109	Information Receiver Primary Identifier	Will be populated with the value received from the 837; Loop 1000A NM109 element.
2200C-TRN	PROVIDER OF SERVICE INFORMATION TRACE IDENTIFIER	
TRN02	Provider of Service Information Trace Identifier	The value of 'O' will be sent.
2200D-STC	CLAIM LEVEL STATUS INFORMATION	
STC04	Total Claim Charge Amount	Will be populated with the value received from the 837; Loop 2300 CLM02 element.